1/17/22, 1:02 PM

Division of Corporations

## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000021869 3)))



H220000218693ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

8:42	NO TO SERVICE
Σ Σ	IARY G. AHASSER
_	E IAR LAHA
UCC JAN	FCR

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
----------------	--

## REGISTERED AGENT CHANGE TOWNHOMES AT SKYE RANCH COMMUNITY ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

C. BRUMBLEY

Electronic Filing Menu

Corporate Filing Menu

Help

H22000021869 3

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

TOWNHOMES AT SKYE DANC	LI COMMINITY ARROCATION INC				
SUBJECT: TOWNHOWES AT SKIE RANG Name of Corporation	H COMMUNITY ASSOCIATION, INC.				
DOCUMENT NUMBER: N2100000360	1				
The enclosed Statement of Change of Registered (	Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
Mary Castillo					
Name of Contact Person					
Registered Agent Solutions, Inc.					
Firm/Company	<del> </del>				
Corporate Center One, 5301 Southwest Pkwy, Ste 400					
Address					
Austin, Texas 78735					
City/State and Zip Code	<del></del>				
E-mail address: (to be used for future annual r	eport notification)				
For further information concerning this matter, ple	ease call:				
Mary Castillo	at (888 ) 7 05-7 27 4				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the De	epartment of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

CR2E045 (04/13)

H22000021869 3

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.05 ange is submitted for a corpor	ration organize	d under the laws of the	State of FLOR	IDA	
in ord	er to change its registered off	ice or registere	dagent, or both, in the	State of Florida	t.	
1. The name of	the corporation: TOWNHO!	MES AT SKYE	RANCH COMMUN	ITY ASSOCIAT	TION, INC.	
	TA, FL 34232	ATTLEMEN	RD STE 200			
3. The mailing	address (if different):					
4. Date of inco	poration/qualification: 03/3	0/2021	_ Document number:	N210000038	<u> 501</u>	
5. The name an Florida Depa	d street address of the current urtment of State: (If resigned, e NRAI SERVICES, IN	enter resigned)	t and registered office	on file with the		
	1200 SOUTH PINE IS	SLAND ROA	AD.			2025
	PLANTATION		FL 33324		81 NWC 2203	
6. The name and (if changed):	street address of the new reg			stered office	18 AH	, <u>, , , , , , , , , , , , , , , , , , </u>
	Registered Agent	·		······································	三 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	155 Office Plaza		Suite A		72	
	Tallahassee	P.O. 800 NO	Г <del>ассершЫе</del> 32301			
The street addre	ss of its registered office and be identical.	the street addr	ess of the business of	fice of its regist	ered agent,	
Such change wa authorized by th	s authorized by resolution due board, or the corporation h	aly adopted by as been notified	its board of directors of d in writing of the cha	or by an officer nge.	so	
Jallyo		Jac	dyn Wnght, Assistant Se	•		
1 7	e of an officer of director the appointment as registered to comply with the provisions of I am familiar with and acce to filed merely to reflect a ch been notified in writing of th	d agent and age of all statutes in opt the obligation ange in the reg is change.	Finited or typed in ree to act in this capac relative to the proper on of my position as re istered office address		erformance Or if this om that the	
Hode	weight-	0	1/14/2022			
Sign	ture of Registered Agent		Detc			
If signing on beh	alf of an entity:					
	Assistant Secretary					
Туз	ed or Printed Name	<del></del>				

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)